you should do some level of investigation of why this happened to you and look at your genetic code. There are many cancers where we now know you were genetically predisposed to get it.

You should learn that. And if that is the case, there are fundamental life changes you can make that can lower your risk of recurrence. Welcome to the Belgiansky Cancer Talk Show where integrative science and holistic healing come together.

I am Sylvie Beljanski, and in each episode, we explore nutrition, lifestyle, mental health and research-backed approaches to support the whole person through cancer and chronic diseases.

Hello and welcome to the Belzhansky Cancer Talk Show. Today, my guest is Geoffrey Rogaud. Geoffray Rogau is a newsroom executive, award-winning journalist and author of two decades of experience in financial journalism.

He currently serves as the executive editor of BBC Studios in New York after working at the Wall Street Journal for more than two decades. Geoffrey is also a cancer survivor who runs the after-treatment newsletter and is the author of the upcoming book, I Am Alive Now What, being published by Wiley in April.

Joffrey, welcome to the Belgianski Cancer Talk Show as we are going to speak today about survivorship, a very important subject and dear to my heart. But before we start speaking in general about survivorship, I would like to hear about your own story.

How did your diagnosis affect your work and then led you to shift your focus from finance to cancer and now this new book to be released? Sure. So I was diagnosed with cancer actually two months after I got married.

I married in late 2012, actually it was the weekend of Hurricane Sandy. been living in Sydney, Australia. We moved back to the U. S., got married in the fall, and then come January, February of the following year, 2013, I started just getting more and more rundown.

Like a lot of cancer patients, you just think you're tired. And doctors had prescribed a bunch of tests and nothing had figured out. Eventually, i went to hospital for a blood clot.

Blood clot revealed a mass. Mass was biopsied and I had a primary metastinal non-hot skin lymphoma. I went through six, five to six months of treatments, chemotherapy.

At that point, the protocol was a significantly higher dose of chemo than they would put in the past because the thought was, let's do whatever it takes not to have radiation because my mass was next to my heart.

So if we were radiating the mass, we're going to radiate my hear, which would have led to heart disease earlier in life. And with the treatment and I think like a lot of cancer survivors, I spent the next decade running away from it, trying to pretend like it never happened.

I wanted to have the success in my career, success my personal life. I wanted a buy a home, have a family, raise kids, do those things and pretend cancer almost happened to somebody else.

And what has happened is every year I have faced a big reminder that my life as a survivor is different than my live would have been otherwise. Some years that reminder was being rejected for life insurance.

Some years the reminder was an autoimmune disorder that emerged that clearly was connected to my cancer and so For a decade I ran away and then about two or three years ago when I was actually spending a lot of time in a cancer ward because a family member of mine was sick and Talking with people about cancer And talking with People about Cancer in their own lives.

It occurred to me that But there's no escaping cancer, and there are not enough resources for that last decade of my life in survivorship. And that led me to figure out, okay, what are the things that as survivors we all agree on that we need more of?

And I spent several months trying to find out what that was. The end result is the book, but the books sort of was created off of these 10 pillars where I feel that survivors really just need more help.

And so those pillars are your money, your career, physical health, mental health genetics, advice, whether that's a lawyer or a financial advisor or the rise of cancer sherpas.

There's a chapter about caregiving, there's chapter of family planning, and the end is purpose, because there are so many survivors who have fully changed their purpose in life.

And there aren't those survivors that have it, neither is the right answer, but you should have some protocol to sort of say, use this moment to really evaluate who you want to be and what you wanna do.

If I hear you, you expected that going back to your life as usual, let's say, there would not be no difference after cancer in your after-cancer and before-life.

Then you had to learn to live differently. Yeah, you have to learned to look differently, yes. Every time What surprised me is every time I had to learn that it was shocking.

It was not, these were not learnings that happened like over a period of time. And you said, Oh, what did I learn there? No, it's like I hit roadblocks.

I have stop signs. wanted to do something. No. You can't do that. to become an entrepreneur. And in essence, I could not do that because healthcare in America is tied to your employer.

And I couldn't as a survivor go even a minute without real healthcare. I wanted to buy and wanted have a family. One of the backbones of financial planning is to by life insurance.

Met with several brokers. Wasn't even that it was too expensive. Nobody would even price me a policy. So I had these moments of the thing I wanted to accomplish was impossible to accomplished and I needed to build a new plan.

What surprised you the most in this experience? I mean what surprised me the more isn't actually my experience as much as Over the last year, I've spoken with 250 to 300 survivors.

We all have five stories of this. this idea that the life you want, it's not better or worse. Not all of these things are worse, It's just different. And how many of this exists across your life, that shocked me.

I expected a little bit here or there, effect a lil bit of surprise. It was like, no, everyone's got their own different story about how cancer has dramatically changed it.

and I think the only two things survivors agree on is they have a different tolerance or relationship with time, just the idea of time. And they have a lower tolerance for BS.

So if everyone has, I mean, the different story beyond those, less tolerance, what are the big similarities that you find in all the survivors. And how many do you have interviewed so far for the book?

So yeah, so I mean, the threads are people coming to cancer at similar moments in their life. A lot of the Survivorship journey is actually determined by who you are going into the process.

So a good example I like to have is chapter two of my book is your career and it's built around three people and there's a woman named Lauren Gazal Lauren was a in college when she got cancer and she was expecting to do

to maybe go to medical school to really focus on you know, care in the third world, and she had all these ideas.

She gets cancer, she realizes, I can't do years of treatment and then years in medical school. And she pivots her life to, She's now a nurse. she's a doctorate in nursing, And She really focuses on financial toxicity.

Financial toxicity is how your medical debt, your Medical bills and the cost of care changes your life in negative ways. and She works to improve the resources for people like that.

So cancer came in a moment where then changed who she was and she embraced cancer as her purpose. There's another woman in that chapter who got it at 40. And when she got, when Stacey got cancer, she already very successful in her career.

She was an insurance executive moving up the ranks. she gets cancer and realizes, I don't want to work in insurance anymore. I have always had this direct relationship with God and I want to examine that.

And so now she's actually a priest in Lancaster, Pennsylvania. And so she embraced cancer to pivot her life, and her live is almost two different books.

She has sort of book one of her insurance life and now book as a priest, Episcopalian priest in Lancaster. And the third person in this chapter is a guy named Jim Weber.

Jim was one the right-hand man of Warren Buffett of Berkshire Hathaway. He had been the CEO of Brooks Running, famously at Rebuild Brooks. He can't do that pivot.

If you're in survivorship, cancer in the treatment in your 60s may mean even for workaholics, you can keep working and you have to really evaluate what you are going to be like at the end.

I don't think there's some similarities across them, but the bigger similarities are when I talk to people in their 20s who are survivors, a lot of them really embrace cancer as a part of who they are and move into fields where it becomes a parts of it.

A lot people on their 40s use it as moment to shake up who their are, and reinvent themselves. And a lots of people later in life use that as reason to move off of the sort of corporate wheel and change who they are and deepen their relationship with their families.

And not everyone's the same, but I do see those similarities across ages. Yes, whereas you have to embrace cancer and trying to find a new way of life where it makes sense, actually, rather than fighting.

I have seen, I mean, spoken also for the past three decades to a lot of people with cancer, and I noticed that those who stay in anger or stuck with why me, they have much harder time healing and moving past the disease.

I feel that it is really, really important to understand what the diseases actually telling you and how to try to to find a new life that includes a message coming from the disease if I may say so.

Yeah, I mean, it should bring up two interesting things in that. So one is this I think it's human nature to think good things happen to good people and bad things happened to bad people.

And like, why did I get cancer if I live this good life? Like why me? And you have to get over that bridge. You have get get that PTSD and everyone's different.

So for myself, I had a therapist and that was really helpful, but I've also spent long periods of time without that. Some people really love group therapy, some people love reading and examining it from a theologian level.

So people hate group therapies. You have to figure out within your own, the way that you live your life, what is best for you, But you can't ignore that, you have get over that You are not going to move forward if you were still

obsessed with the question of why did this happen to me?

The second thing though is you should do some level of investigation of why this happened to you and look at your genetic code. There are a lot of people who haven't looked at the genetics of their cancer if they've got it 10 or 15 years ago.

It used to be a Supreme Court case 12 years that made genetic mapping much cheaper in America. So a lot of people didn't get the genetic mapping of their cancer if they were treated 10 years ago.

You should go back and get it. There are many cancers where we now know you were genetically predisposed to get. It you should learn that. And if that is the case, there are fundamental life changes you can make that can lower your risk of recurrence.

So on the one hand, you shouldn't just you you know, look at that question of why me in, in the, from the emotional state and move on from, the actual physical state, you should examine that.

Question is you can learn stuff about your, your code and genetics that can help you lower your chance of remission. So it's like, You've got to navigate it in both ways.

And what did you find to be the most difficult to, to turn around? I think it. For me, I got cancer at 30. I have found that each season of my life has provided a different, very hard moment.

So it'd be tougher for me to rank the moments, but for my in my mid-30s, it was some of the physical deterioration that happened because of cancer in the treatment.

It was a really tough moment for when I realized that physically I was different post-treatment and post cancer and coming to terms with that, there was a moment where I started a family and the way that I think about my children, my relationship with them being very different than it would have been otherwise and my own worries about mortality and then For me, professionally, leaving a job I'd had for a long period of time and reexamining purpose was really difficult.

Those are three. The other one that happens organically every couple years is somebody dies of cancer that I'm close to. And it does a number on me mentally.

And I'm better at handling it than I was. But it's been interesting. I've had people close to me die of cancer. That's done a lot. Some celebrity deaths have really hit me hard.

For the lot of survivors, especially those like me who are trying to sort of move on, those deaths are tough to process sometimes. They feel personal even when they're not.

And have you found anything that helps? I mean, and speaking with other people, other survivors, have they shared with you some recipe to make it easier?

When you are facing cancer, the choices can feel overwhelming, conflicting advices, endless options, and very little clarity. At Maison Belchanski, everything begins with science.

For decades, molecular biologist Dr. Mirko Belzhansky studied how specific plant extracts interact with cancer cells, work that continues today through independent research and real-world use.

Maison Beljanski offers carefully formulated supplements inspired by that research, along with targeted support for immune health, cellular resilience, digestion, detoxification and overall wellness.

You will also find educational books, organic teas, personalized health coaching and wellness programs designed to support the whole person, not just the diagnosis.

This is not about quick fixes. It's about informed choices, thoughtful formulations and supporting the body alongside conventional care. Explore the products, the research and the resources at maisonbelchanski.com because when science leads, wellness follows.

Yeah, there's a couple of things I'll say, maybe not on deaths, but on life itself. So one thing is every six months, I put it in my calendar, and I have a check-in.

And in that check in I make a list of the things in life that are working and the thing in the life are not. For me, it takes a day to celebrate the day that I'm working.

I think it's important to celebrate your victories and to take a moment. So I have a list together like, here are the things I love about what's happening.

Then I've a of things that I don't like. Things that are moving off course. And this could be, my daughter and I are yelling at each other a lot. These could be, I'm falling down on this one project at work and like, it can be small and it could big.

And then I rank them and I don't tackle them all. I tackle the one or two that are most pressing and make sure that they're not on the next quarter's check-in.

The second thing I do is I have a worksheet, in essence, or a one-page printout that I built during a calm time that take out when I'm stressed out about my cancer.

So a lot of people have what's called scanxiety. If you have cancer, you know you're having a CT scan. in a week, and you're stressed out about the scan and the results, you start playing out, what's the worst thing that could happen?

What if it's back and he can't sleep? And you are in negative spiral. I built from a good time a sheet of like what to do when that happens. That includes like, don't call my mom, love my mother.

She provides a level of stress in those situations that's not positive. do call my wife. I have a list of like television and movie shows that I really love that don't stress me out.

Watch these, watch these episodes. There are books I love, I'll do that. Last year there's a Museum of Modern Art here in New York. there is a room I loved.

So actually when I was having trouble with some skin anxiety last year I went to this room and I spent an hour in that room one morning and just It was the right thing to do.

I felt immediately better and, you know, try different things. But when I have in that moment, You're not going to fix it in the moment unless you've built a plan and a calm moment for the crazy moment.

Yeah, absolutely. During your exchanges with the doctor and when you were, I mean, with all this medical follow-up, did the doctors speak to you about cancer?

They did not. They do not, it was not discussed, no. And do you have an idea why? I don't. We had a lot of conversation with my father, who is a cancer survivor himself.

He's had some cell transplant and CAR T and so I had lengthy conversations with his with mine. I have not. And it may have just been where we were in the, you know, 12, 13 years ago, I was treated at a hospital here in New York and my, my regiment, for lack of a better word, was was like a protocol was pretty clear at the time.

And so maybe that was part of it, but we did not go further down the rabbit hole. Also, I was in, luckily, like I treated and then in remission in a sort of like black and white situation.

The Belgians who pursue research on cancer, although chemotherapy, radiotherapy does not inhibit the growth of cancer cells, do not destroy them as they destroy mature cancer.

It turns out that there are a number of natural products. which are able to inhibit those cancer cells. We have pursued studies in vitro and in vivo in animals with great success.

I'm just curious to know if there was something that you have heard about during your research, medical oral treatment. You said no. Not for my treatment, but I've heard from many survivors.

Yes, I've heard plenty from other survivors. It just wasn't in my own regimen. Do you feel that the medical system is falling behind the survivorship?

In your view, what should be changed and what could be done? When cancer enters your life, the questions don't stop at treatment. You start asking, why?

What else? And what more can I do to support my body? At the Belzhansky Foundation, we believe cancer care deserves deeper answers. Answers rooted in science, not in shortcuts.

For decades, groundbreaking molecular research by Dr. Mirko Belzhansky explored how specific natural compounds selectively target cancer cells while spearing healthy ones.

That work continues today through independent research, education, and global collaboration. At belgianski.org, you will find evidence-based resources, expert-led conferences, books and conversations that explore integrative approaches to cancer and chronic disease alongside conventional care.

Whether you are a patient, a caregiver or practitioner, this is the place to learn, to question and to think more expansively about healing. Visit belgianski.org to explore the research, attend upcoming events, and connect with the Belgiansky community.

Because informed choices begin with credible science. I think it's about connection, in that I a lot of the resources survivors need exist it's hard to find.

So my hope would be that the medical community or the government or state legislatures create more touch points so that survivors can quickly find the things they need.

They exist. You mentioned stem cells, you mentioned for the DNAs of our body. We're learning a lot about We're learning a lot about how our genetic makes up, you know, we talked about with your likelihood of getting cancer and your risk for disease.

We don't do a great job of following, in a genetic test, You might say that you're positive for a generic problem, might get negative, or you might Get a variant of unknown significance, which is we know your genes a little weird, but we don t know what actually makes your cancer risk higher or lower.

Every month, By mapping, we learn more. We learn that that variant of unknown significance last year might double your cancer risk because of something we learned this year.

But we don't actually communicate it that well to that person who might have taken that test a year ago or two years ago, or 10 years. And so there's stuff like that throughout.

There are wonderful financial resources in your backyard that can help if you're falling behind on medical debt. I think of a place like Dollar 4. Dollar Four is based in Portland, Oregon.

They enable a lot of people to get charity care through their hospital. Hospitals as being nonprofits have to give some level of the care for free out of their charter.

There's a bunch of cancer survivors who could qualify and don't apply because they don' know exist. that needs to be built into the survivor's toolbox.

And so to me, it's not about as much about launching new crazy things. I think a lot of this exists. It's about building ways for the survivors to more easily understand and find the thing they need, whether that's $20,000 in help on medical bills and not having to go the GoFundMe route, or just a ride.

A ride to hospital treatments. All of this stuff actually does kind of exist. It's just really hard to find. And helping people find it is a great first step.

The second step is really thinking about within the hospital ecosystem, within education system, training primary care doctors to be cancer survivor primary-care doctors, to understand the treatment of a survivor is different because of the way they need to monitor, the For me, my primary care doctor is really just a quarterback of my coverage.

My ethical coverage really comes from a rheumatologist, a pulmonologist and a cardiologist because of cancer, because my treatment, my immune system and my heart are at risk.

So those three really drive my care and see me, but I need a primary care doctor to make sure all of that's communicating. There's not holes in that. That's a different level of care than you would get if I hadn't had cancer.

And I think it leads to a little different of training for primary-care doctors. My dream is that every primary would get some level of training on what it means to care for a survivor, because when you are in remission, you're no longer the primary care of an oncologist.

You are shifting to a primary-care doctor, and we need to give that person the tools for your care. Sounds, I mean, very rational. Tell us more about your upcoming book and what kind of advice and support people can get by reading the book.

So I said there's those 10 chapters, your money, you career, physical health, mental health. In each of the chapters, there is one or two people that I built the chapter around.

It's a survivor I've talked to. You get to look through the hurdles that they went through, but how they navigate it. What I don't want, I think there's lot of research on how your life is worse or different, this is really focused on giving you the tools to be your own best advocate.

So when I say really hard to being an entrepreneur after cancer because you would lose healthcare, I walk through how to navigate that hurdle, how others have navigated that hurtle.

When I talk through the single most important thing you can do after Cancer is improve your physical health. I partner with Livestrong. I, I partnered with, uh, Catherine Schmidt is sort of the godfather of physical, godmother of Physical Health after, after cancer and have a series of workbooks and steps, whether you are a Olympic athlete or track coach or someone who's never been inside a gym.

to be physically healthier, to evaluate your environment, whether that had a factor to, evaluate the food you ate and nutrition. And so my hope is in each of these chapters, I lay out the roadblocks in your way, but I also take real time to walk through in a very practical step.

What are these people doing and what are experts doing? So when I, talk about careers as a woman named Michelle Woodward is in the book. Her job is to work with CEOs who get cancer.

If you get a cancer, you call her up and she works with you on how to live your life during treatment, how the CEO after treatment. When we talk you know, caregiving and relationship.

There are a lot of care giving experts that work with couples where one member of a couple has gone through

treatment and the other was their huge support mechanism.

They get out of treatment, and that relationship is reset. She works with couple to reset that. And it does, like there are real implications for couples on changing dynamics, on sex, all these things that come up.

when someone has put their life on hold to help you through your treatment, and now you're moving on with your lives, but it's shifted, you know? And dealing with that shift.

And sometimes that's psychological, sometimes it is physical, it sometimes is just giving the other person more grace. There are steps you can do to improve and reestablish your relationship with you caregiver, whether that is a spouse or a child or parent or whatever it Yeah.

So the name of the book is, I Am Alive, Now What?, and it's going to be published at Wiley. Yeah, so it'll be publish April 6th of next year by Wile. It's available both in Europe and the UK and in the United States.

it is now on Amazon and Target and Walmart. You can pre-order right now. And there will be an excerpt in The Wall Street Journal here in next couple of weeks, which will give you a real flavor of what the books live.

I'm pretty excited about that. We hopefully have more coming. And the hope is, as I said, there are 20 million survivors just in the United States. Yeah.

and we are a surging group of people for good news, which is treatment has gotten so much better, and for bad news which are the rising rates of cancer.

You are not alone. If you're a week into survivorship or 20 years into the survivorship, someone else has probably handled the hurdle you'll be dealing with.

And my hope is this book can help you deal with that. The other thing is my expectation is you can read it cover to cover. I'd love for you to read to it to be cover-to-cover.

But I also wrote it, each chapter is its own story. So you might come to the book Because you have a money problem. You might come to the book because you got out of treatment and your $30,000 in medical debt and you're like, how do I take this on?

We're going to help you. Yeah. I'm having problems at work. I think there's discrimination. Do I need legal advice? We walk through all of those different scenarios.

And so my hope is there is a scenario in your life you're struggling with and maybe that's the way into the book and then there something else you'll learn along the journey.

As I said, while it has workbook parts, it is narrative. Each chapter is built off of I mentioned Jennifer Stacy and Jim like that's a chapter on the chapter.

The physical health chapters is based off this woman in Texas named Donna was like my favorite person. She is a She was born with spina bifida, she's a paraplegic, and yet she has lived this spectacular life.

She's met Muhammad Ali, Lyndon Johnson, She went to the Brown Derby. she had degrees from Baylor, ran a commercial bank, a community bank. And she met her husband in this chat room, back when internet chat rooms were a thing.

Her husband was a quadriplegic in Orlando and she hired a bunch of Marines to pick him up and take him to Disney, which is where they had their first date.

And yet, Donna has, despite her disease, Despite spina bifida, she's lived this incredible life. cancer did a number on her. If someone who can beat through all of that has been taken by cancer, give yourself a little bit of

forgiveness that it is such a disease no matter what it, even the best of us get taken aback.

And we walk through how Donna rebuilt her own health and her confidence that she needed after cancer even though she'd already been through so much. You would think she can handle the world.

It takes its toll. Yeah, it's still a mountain to climb. The work of surviving, the way we do that with grace, with charm, and you are helping other people in the process.

Congratulations and thank you for everything you're doing. Thank you, for having me on, thank for you everything that you do as well. Thank you for listening to the Belgianski Cancer Talk Show.

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